



DECLARATION OF STATUS OF DEPENDENTS

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

Income information and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103(1)(7)(D) of the Internal Revenue Code of 1986. Any information provided by you including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. SEND COMMENTS ONLY, NOT THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

INSTRUCTIONS: This form must be completed and returned to VA. Copies of public records may be obtained free in some jurisdictions if the county clerk or similar custodian of such records is informed that they are required by VA in determining eligibility for benefits. If you previously submitted a copy of a birth or marriage record, you need not furnish another copy.

1A. FIRST - MIDDLE - LAST NAME OF VETERAN	2A. NAME OF CLAIMANT <i>(If other than veteran)</i>	3. FILE NUMBER
1B. VETERAN'S SOCIAL SECURITY NUMBER	2B. CLAIMANT'S SOCIAL SECURITY NUMBER	C-

4. ADDRESS OF CLAIMANT *(No. and street or rural route, city or P.O., State and ZIP Code)*

5A. MARITAL STATUS *(Check one)*

☐ MARRIED
 ☐ DIVORCED
 ☐ NEVER MARRIED *(If checked, do not complete Items 6 thru 10)*
☐ WIDOWED
 ☐ SEPARATED

5B. IF MARRIED, SPOUSE'S DATE OF BIRTH

NOTE: Furnish the following information about each of your marriages including your current marriage. A copy of the public or church record of your current marriage is required unless previously submitted. Begin with your current marriage.

6A. DATE AND PLACE OF MARRIAGE	6B. TO WHOM MARRIED <i>(First, middle, last name)</i>	6C. SOCIAL SECURITY NUMBER	6D. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i>	6E. DATE AND PLACE TERMINATED

NOTE: Furnish the following information about each previous marriage of your present spouse.

7A. DATE AND PLACE OF MARRIAGE	7B. TO WHOM MARRIED <i>(First, middle, last name)</i>	7C. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i>	7D. DATE AND PLACE TERMINATED

8. DO YOU LIVE TOGETHER? <i>(Answer only if married)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 9)</i>		9. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S SUPPORT MONTHLY \$	
10. ADDRESS OF PRESENT SPOUSE <i>(If different than Item 4)</i>			
11. IDENTIFICATION OF VETERAN'S UNMARRIED CHILD(REN) (Check)		<input type="checkbox"/> UNDER 18 YEARS OF AGE <input type="checkbox"/> OVER 18 AND UNDER 23, AND ATTENDING SCHOOL <input type="checkbox"/> OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS	
NOTE: If any box in Item 11 is checked, furnish the following information for each child and submit a copy of the public or church record of birth or a copy of the court record of adoption or adoption agreement.			
12A. FULL NAME OF EACH CHILD	12B. DATE OF BIRTH <i>(Mo., day, yr.)</i>	12C. SOCIAL SECURITY NUMBER	12D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD <i>(If child is not in custody of person claiming dependency allowance)</i>
13. REMARKS			
I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.			
14. SIGNATURE OF CLAIMANT		15. DATE	16. TELEPHONE NUMBER(S) <i>(Include Area Code)</i> A. DAYTIME B. NIGHTTIME
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.			